

State of Montana
Developmental Disabilities Program
INDIVIDUAL BEHAVIOR ASSESSMENT

This assessment is to be completed for clients in the Developmental Disabilities Program Waiver program.

The three parts of the assessment are:

Part 1.....Functional Skills Assessment

Part 2.....Problem Behavior Review

Part 3.....Medical Needs Summary

There are four review/assessment periods on this one form. Please handle the document carefully, use pen in all responses and route the document safely from agency to agency.

Part 1 and **2** should be completed by or with someone who know the individual well (e.g. family member or direct care staff person). **Part 3** must be completed by a nurse coordinator or a similar medical person. After completing the review/assessment, return the INDIVIDUAL BEHAVIOR ASSESSMENT to your local Developmental Disabilities Program area office.

Follow the individual direction for each section carefully. Any questions should be referred to your local Developmental Disabilities Program area office.

USE PEN AND HANDLE DOCUMENT CAREFULLY

INDIVIDUALS NAME: _____ **SEX:** _____

SOCIAL SECURITY NUMBER: _____ **DOB:** _____

1st Assessment

Part 1 – Date: _____ Assessment Made By: _____

Part 2 – Date: _____ Assessment Made By: _____

Part 3 – Date: _____ Assessment Made By: _____

2nd Assessment

Part 1 – Date: _____ Assessment Made By: _____

Part 2 – Date: _____ Assessment Made By: _____

Part 3 – Date: _____ Assessment Made By: _____

3rd Assessment

Part 1 – Date: _____ Assessment Made By: _____

Part 2 – Date: _____ Assessment Made By: _____

Part 3 – Date: _____ Assessment Made By: _____

4th Assessment

Part 1 – Date: _____ Assessment Made By: _____

Part 2 – Date: _____ Assessment Made By: _____

Part 3 – Date: _____ Assessment Made By: _____

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PART 1: FUNCTIONAL SKILLS ASSESSMENT

Directions: Please place a number which best describes the individual's behavior in the box.

SELF HELP/INDEPENDENT LIVING

1. Eating

- 1 = Does not feed self, must be fed completely
- 2 = Attempts to finger feed but needs assistance
- 3 = Finger feeds self without assistance
- 4 = Feeds self using spoon
- 5 = Feeds self using fork and spoon, with spillage
- 6 = Uses eating utensils with no spillage

1 st Review	2 nd Review	3 rd Review	4 th Review

2. Toileting

- 1 = Not toilet trained or habit trained
- 2 = Is habit trained
- 3 = Indicates need to toilet self; placed on toilet
- 4 = Goes to toilet by self, needs assistance to complete toileting
- 5 = Goes to toilet by self, completes by self

1 st Review	2 nd Review	3 rd Review	4 th Review

3. Level of Bladder Control

- 1 = No control
- 2 = Some bladder control, accidents during waking hours (once a week or more)
- 3 = Control during day, wets at night unless "specialized"
- 4 = Complete control

1 st Review	2 nd Review	3 rd Review	4 th Review

4. Level of Bowel Control

- 1 = No control
- 2 = Some bowel control, accidents during waking hours (once a week or more)
- 3 = Control during day, soils at night unless "specialized"
- 4 = Complete control

1 st Review	2 nd Review	3 rd Review	4 th Review

5. Personal Hygiene (brushing teeth, washing and behaviors specifically related to gender and age; e.g. shaving, hair care, menses, deodorant)

- 1 = Does not tend to own personal hygiene
- 2 = Tends to some personal hygiene needs but does not complete
- 3 = Tends to and completes some but not all personal hygiene tasks
- 4 = Tends to own personal hygiene independently

1 st Review	2 nd Review	3 rd Review	4 th Review

6. Bathing

- 1 = Does not bathe or shower self
- 2 = Performs some bathing or showering tasks, but not all
- 3 = Bathes or showers self independently

1 st Review	2 nd Review	3 rd Review	4 th Review

7. Dressing

- 1 = Does not put on any clothing by self
- 2 = Cooperates in putting on clothes (raises arms, etc.)
- 3 = Puts on some clothes on self
- 4 = Puts on all clothes but does not tie shoes, close fasteners or attend to other details
- 5 = Dresses self completely including all fasteners and other details (buttons, zippers, shoes)

1 st Review	2 nd Review	3 rd Review	4 th Review

COMMENTS 1-7:

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8. Crawling and Standing

- 1 = Does not crawl, creep or scoot
- 2 = Crawls, creeps or scoots
- 3 = Pulls to a standing position
- 4 = Stands with support for at least one (1) minute
- 5 = Stands unsteadily alone for at least one (1) minute
- 6 = Stands well alone, balances well for at least five (5) minutes

1 st Review	2 nd Review	3 rd Review	4 th Review

9. Ambulation

- 1 = Does not walk
- 2 = Walks with support
- 3 = Walks unsteadily alone at least ten (10) feet
- 4 = Walks well alone at least twenty (20) feet, balances well

1 st Review	2 nd Review	3 rd Review	4 th Review

10. Climbing Stairs (rate use of ramps for persons with wheelchairs)

- N = No opportunity to use stairs (or ramps)
- 1 = Does not move up or down stairs (or ramps)
- 2 = Moves up and down stairs (or ramps) with help
- 3 = Moves up and down stairs (or ramps) with hand rail independently
- 4 = Moves up and down stairs (or ramps) without need for handrail

1 st Review	2 nd Review	3 rd Review	4 th Review

11. Wheelchair Mobility

- N = Does not use wheelchair
- 1 = Sits in wheelchair, does not move wheelchair by self
- 2 = Assists in moving wheelchair
- 3 = Moves self with some bumping and/or difficulty in steering
- 4 = Moves or guides chair independently and smoothly

1 st Review	2 nd Review	3 rd Review	4 th Review

12. Receptive Language

- 1 = Does not understand speech
- 2 = Understands simple words
- 3 = Understands simple phrases or instructions
- 4 = Understands meaning of simple conversation and combination of verbal instructions
- 5 = Understands meaning of story plot and complex conversation

1 st Review	2 nd Review	3 rd Review	4 th Review

13. Expressive Language

- 1 = Makes no sound
- 2 = Babbles but says no words
- 3 = Says simple words
- 4 = Says two-word sentences ("I go", "Give me", etc)
- 5 = Says sentences of three or more words
- 6 = Carries on basic conversation
- 7 = Carries on more complex conversation

1 st Review	2 nd Review	3 rd Review	4 th Review

COMMENTS 8-13:

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14. Receptive Sign Language

N = Skills not needed

- 1 = Does not respond to signs or fingerspelling
- 2 = Responds to one to nine signed basic survival words (stop, restroom, come, etc.) as well as other common signs (simple commands, food, clothing, etc.)
- 3 = Responds to signed complex commands made up of two or more parts ("Go to the bathroom and bring me a towel")
- 4 = Responds to signed complex commands, direction and explanations with a combination of signs and simple fingerspelling
- 5 = Responds to signed questions (3 or more words) with a combination of signs and fingerspelling

1 st Review	2 nd Review	3 rd Review	4 th Review

15. Expressive Sign Language

N = Skills not needed

- 1 = Does not sign or imitate signs
- 2 = Imitates sign language but makes no meaningful signs
- 3 = Makes one to nine signs independently to indicate a need
- 4 = Makes ten or more signs independently to indicate a need
- 5 = Makes twenty or more signs independently to indicate needs and/or simple conversation
- 6 = Makes fifty or more signs, fingerspells simple words and makes simple sentences
- 7 = Signs and fingerspells independently in carrying on conversations as well as expressing needs

1 st Review	2 nd Review	3 rd Review	4 th Review

16. Expressive Communication Aids (includes all types of specialized devices which allow or facilitate communication)

N = Aids not needed

- 1 = Does not communicate with aids
- 2 = Communicates single words or ideas
- 3 = Forms short sentences; combines subject and verb
- 4 = Communicate combinations of sentences and groups of ideas together

1 st Review	2 nd Review	3 rd Review	4 th Review

17. Clarity of Speech

- 1 = Makes no sounds
- 2 = No intelligible speech
- 3 = Speech understood only by those who know the client well
- 4 = Speech understood by strangers with some difficulty
- 5 = Speech is readily understandable to a stranger

1 st Review	2 nd Review	3 rd Review	4 th Review

COGNITIVE DOMAIN

18. Auditory Perception (hearing aid may be worn)

- 1 = Does not react to sounds
- 2 = Demonstrates startle response to loud sounds
- 3 = Turns head or eyes towards sound sources
- 4 = Responds differently to vices compared to other sounds (by smiling or paying attention to the voices)
- 5 = Responds to voices of familiar people differently from stranger's voices
- 6 = Recognizes words that sound different ("cat" and "door")
- 7 = Recognizes words that sound the same ("hit" and "sit")

1 st Review	2 nd Review	3 rd Review	4 th Review

COMMENTS 14-18:

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19. Visual Perception (glasses may be worn)
- 1 = Does not explore visually (includes continuous staring)
 - 2 = Some visual exploration, but does not follow moving objects
 - 3 = Eyes follow moving objects
 - 4 = Rotates head and inspects surrounds (if no motor limitations)
 - 5 = Searches for object which disappears from sight
 - 6 = Responds differently to grossly different objects (a ball and a pencil)
 - 7 = Responds differently to similar objects (a car and a dog)
 - 8 = Responds differently to objects (based on differences of color, size or shape)

1 st Review	2 nd Review	3 rd Review	4 th Review

NEED FOR SUPERVISION

20. Supervision in the Home (includes toileting, seizures, behavior)
- 1 = Individual requires constant supervision (client never left alone) and more than one person must be available to handle problems when they occur
 - 2 = Individual requires constant supervision (client never left alone) but one person can handle any problems
 - 3 = Individual can be left unsupervised (up to fifteen minutes) for short periods of time
 - 4 = Individual can be left unsupervised (fifteen minutes to an hour) for longer periods of time
 - 5 = Individual requires little supervision (unsupervised for periods of up to an hour)

1 st Review	2 nd Review	3 rd Review	4 th Review

21. Supervision in the Community
- 1 = Individual requires constant supervision anywhere in the community (staff always present) and more than one person must be available to handle problems
 - 2 = Individual requires constant supervision anywhere in the community (staff always present) but one person can handle any problems
 - 3 = Individual can participate in some activities in the community unsupervised (staff need not be present)

1 st Review	2 nd Review	3 rd Review	4 th Review

22. Supervision at Night (includes toileting, seizures, behavior)
- 1 = Individual requires frequent supervision at night (fifteen minute intervals or less)
 - 2 = Individual requires some supervision at night (approximately one hour intervals)
 - 3 = Individual requires minimal supervision at night (at least two times per shift)
 - 4 = Individual requires no supervision at night (staff not awake/or staff rarely or never check)

1 st Review	2 nd Review	3 rd Review	4 th Review

COMMENTS 19-22:

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PART 2: PROBLEM BEHAVIOR REVIEW

Directions: We need to know about any behavior problems the individual has now, such as hurting him/herself, hurting other people, destroying property or doing things that are disturbing or causing problems to you or other people.

Part 2 is divided into nine separate behavior problem areas. Please check (X) each area the individual displays a problem behavior. For each behavior problem area you check, fill in the requested information on the pages indicated that relate to the behavior problem. Make any comments that you feel will be helpful.

The nine behavior areas are:

Self-Injurious Behavior: Bangs his or her head or purposely eats non-edibles that could harm him or her.

(If checked, complete pages 7-9)

Aggressive Behavior: Kicks, hits, bites or otherwise physically injures people

(If checked, complete pages 9-11)

Property Damage: Breaks or damages windows, clothing, furniture, toys or other property or objects.

(If checked, complete pages 11-13)

Disruptive Behavior: Unusual or disruptive behavior that cannot be ignored, such as throwing tantrums, banging doors, making unusual noises.

(If checked, complete pages 13-15)

Running Away/Wandering Away:

(If checked, complete pages 15-16)

Non-Compliance: Purposely refuses to follow directions (not as a result of a failure to understand).

(If checked, complete pages 17-18)

Steals: Purposely takes things which do not belong to him/her.

(If checked, complete pages 19-21)

Inappropriate Sexual Behavior: Public masturbation, sexual aggression, etc.

(If checked, complete pages 21-22)

Other: Any other problem behavior not covered by one of the problem behaviors listed above.

(If checked, complete pages 23-25)

NO Behavior Problems: If no behavior problems exist, check this box and complete Part 3: Medical Needs Summary, pages 26-31.

1 st Review	2 nd Review	3 rd Review	4 th Review

**CHECK "X" BEHAVIOR PROBLEM AREAS;
COMPLETE REQUESTED INFORMATION**

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1 st Review	2 nd Review	3 rd Review	4 th Review

Self-Injurious Behavior: Bangs his or her head or purposely eats non-edibles that could harm him or her. (Check if behavior occurs)

1. Describe the self-injurious behavior. What types of things does he/she do?

1st Review:

2nd Review:

3rd Review:

4th Review:

2. How often do these self-injurious behaviors occur on the average?

1st Review: _____ times per _____
3rd Review: _____ times per _____

2nd Review _____ times per _____
4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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3. Which of the statements below best describe the affect of the behavior?

- 1 = Medical attention never required
2 = Some medical attention required, but never hospitalization
3 = Hospitalization sometimes required

1 st Review	2 nd Review	3 rd Review	4 th Review

1st Review:

2nd Review:

3rd Review:

4th Review:

4. Is there a current behavior deceleration program to deal with this behavior
(Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

5. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

6. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

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7. How many staff are required to deal with this behavior when it occurs?

- 1 = One person can handle all situations
- 2 = One person can handle most situations, but an extra person may occasionally be necessary
- 3 = Two people are often necessary
- 4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

1 st Review	2 nd Review	3 rd Review	4 th Review

Aggressive Behavior: Kicks, hits, bites or otherwise physically injures people
(Check if behavior occurs)

8. Describe the aggressive behavior. What types of things does he/she do?

1st Review:

2nd Review:

3rd Review:

4th Review:

9. How often do these aggressive behaviors occur on the average?

1st Review: _____ times per _____
3rd Review: _____ times per _____

2nd Review _____ times per _____
4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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10. Which of the statements below best describes the affect of the behavior (on the victim)

1 = Medical attention never required
2 = Some medical attention required, but never hospitalization
3 = Hospitalization sometimes required

1 st Review	2 nd Review	3 rd Review	4 th Review

1st Review:

2nd Review:

3rd Review:

4th Review:

11. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

12. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

13. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

14. How many staff are required to deal with this behavior when it occurs?

1 = One person can handle all situations
2 = One person can handle most situations, but an extra person may occasionally be necessary
3 = Two people are often necessary
4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

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1 st Review	2 nd Review	3 rd Review	4 th Review

15. Has there been any involvement with the police as a result of this client's aggressive behavior? (Check only if applies)

1 st Review	2 nd Review	3 rd Review	4 th Review

Property Damage: Breaks or damages windows, clothing, furniture, toys or other property or objects.
(Check if behavior occurs)

16. Describe the property damaging behavior. What types of things does he/she do? Whose property is damaged (personal, others, neighbors, etc.)?

1st Review:

2nd Review:

3rd Review:

4th Review:

17. How often do these property damaging behaviors occur on the average?

1st Review: _____ times per _____ 2nd Review _____ times per _____
3rd Review: _____ times per _____ 4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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18. Describe any special precautions taken to minimize property damage (e.g. objects placed out of reach)

1st Review:

2nd Review:

3rd Review:

4th Review:

19. Estimate the actual damage, or the potential for property damage in the absence of special precautions. (There is/would probably be:)

- 1 = No damage over a years time
- 2 = \$10.00 or less damage over a years time
- 3 = \$10.00 to \$100.00 damage over a years time
- 4 = \$100.00 to \$500.00 damage over a years time
- 5 = Over \$500.00 damage over a years time

1 st Review	2 nd Review	3 rd Review	4 th Review

20. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
- 2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

21. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
- 2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

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22. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

23. How many staff are required to deal with this behavior when it occurs?

1 = One person can handle all situations

2 = One person can handle most situations, but an extra person may occasionally be necessary

3 = Two people are often necessary

4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

24. Has there been any involvement with the police as a result of this client's damage to property? (Check only if applies)

1 st Review	2 nd Review	3 rd Review	4 th Review

Disruptive Behavior: Unusual or disruptive behavior that cannot be ignored, such as throwing tantrums, banging doors, making unusual noises.
(Check if behavior occurs)

1 st Review	2 nd Review	3 rd Review	4 th Review

25. Describe the disruptive behavior. What types of things does he/she do?

1st Review:

2nd Review:

3rd Review:

4th Review:

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26. How often do these disruptive behaviors occur on the average?

1st Review: _____ times per _____
3rd Review: _____ times per _____

2nd Review _____ times per _____
4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

27. Which of the statements below best describes the intensity of the behavior?

- 1 = Extremely disruptive
2 = Moderately disruptive
3 = Mildly disruptive

1 st Review	2 nd Review	3 rd Review	4 th Review

28. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

29. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

30. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

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31. How many staff are required to deal with this behavior when it occurs?

- 1 = One person can handle all situations
2 = One person can handle most situations, but an extra person may occasionally be necessary
3 = Two people are often necessary
4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

32. Has there been any involvement with the police as a result of this client's disruptive behavior? (Check only if applies)

1 st Review	2 nd Review	3 rd Review	4 th Review

Running Away/Wandering Away:
(Check if behavior occurs)

1 st Review	2 nd Review	3 rd Review	4 th Review

33. Describe what this person does when he/she runs or wanders away

1st Review:

2nd Review:

3rd Review:

4th Review:

34. How often does this behavior occur on the average?

1st Review: _____ Times per _____

3rd Review: _____ Times per _____

2nd Review _____ times per _____

4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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35. How far from the residence does this person usually get before he/she is found?

- 1 = Less than ¼ mile
2 = ¼ to one mile
3 = One to five miles
4 = More than five miles

1 st Review	2 nd Review	3 rd Review	4 th Review

36. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

37. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

38. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

39. How many staff are required to deal with this behavior when it occurs?

- 1 = One person can handle all situations
2 = One person can handle most situations, but an extra person may occasionally be necessary
3 = Two people are often necessary
4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

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1 st Review	2 nd Review	3 rd Review	4 th Review

Non-Compliance: Purposely refuses to follow directions (not as a result of a failure to understand).
(Check if behavior occurs)

40. Describe the non-compliant behavior. What types of things does he/she do?

1st Review:

2nd Review:

3rd Review:

4th Review:

41. How often does this behavior occur on the average?

1st Review: _____ Times per _____
3rd Review: _____ Times per _____

2nd Review _____ times per _____
4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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42. Describe the intensity/severity of this behavior?

1st Review:

2nd Review:

3rd Review:

4th Review:

43. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

44. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

45. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

46. How many staff are required to deal with this behavior when it occurs?

1 = One person can handle all situations

2 = One person can handle most situations, but an extra person may occasionally be necessary

3 = Two people are often necessary

4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

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1 st Review	2 nd Review	3 rd Review	4 th Review

Steals: Purposely takes things which do not belong to him/her.
(Check if behavior occurs)

47. Describe the stealing behavior. What types of things does he/she do? Whose property is stolen (neighbors, fellow clients, etc.)

1st Review:

2nd Review:

3rd Review:

4th Review:

48. How often does this behavior occur on the average?

1st Review: _____ times per _____
3rd Review: _____ times per _____

2nd Review _____ times per _____
4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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49. Please estimate the value of the things which have been stolen over the past year

- 1 = No cost
2 = \$10.00 or less
3 = \$10.00 to \$100.00
4 = Over \$100.00

1 st Review	2 nd Review	3 rd Review	4 th Review

1st Review:

2nd Review:

3rd Review:

4th Review:

50. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

51. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

- 1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

52. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

53. How many staff are required to deal with this behavior when it occurs?

- 1 = One person can handle all situations
2 = One person can handle most situations, but an extra person may occasionally be necessary
3 = Two people are often necessary
4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

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54. Has there been any involvement with the police as a result of this client's stealing? (Check only if applies)

1 st Review	2 nd Review	3 rd Review	4 th Review

Inappropriate Sexual Behavior: Public masturbation, sexual aggression, etc.
(Check if behavior occurs)

1 st Review	2 nd Review	3 rd Review	4 th Review

55. Describe the inappropriate sexual behavior. What types of things does he/she do?

1st Review:

2nd Review:

3rd Review:

4th Review:

56. How often does this behavior occur on the average?

1st Review: _____ times per _____

2nd Review _____ times per _____

3rd Review: _____ times per _____

4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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57. Describe the intensity/severity of this behavior:

1st Review:

2nd Review:

3rd Review:

4th Review:

58. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

59. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

60. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

61. How many staff are required to deal with this behavior when it occurs?

1 = One person can handle all situations

2 = One person can handle most situations, but an extra person may occasionally be necessary

3 = Two people are often necessary

4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

62. Has there been any involvement with the police as a result of this client's inappropriate sexual behavior? (Check only if applies)

1 st Review	2 nd Review	3 rd Review	4 th Review

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1 st Review	2 nd Review	3 rd Review	4 th Review

Other: Any other problem behavior not covered by one of the problem behaviors listed above.
(Check if behavior occurs)

63. Describe the problem behavior. What types of things does he/she do?

1st Review:

2nd Review:

3rd Review:

4th Review:

64. How often does this behavior occur on the average?

1st Review: _____ times per _____
3rd Review: _____ times per _____

2nd Review _____ times per _____
4th Review _____ times per _____

1st Review:

2nd Review:

3rd Review:

4th Review:

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65. Describe the intensity/severity of this behavior:

1st Review:

2nd Review:

3rd Review:

4th Review:

66. Is there a current behavior deceleration program to deal with this behavior (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

67. Have there been previous formal behavior deceleration programs to deal with this behavior? (Indicate "1" or "2")

1 = Yes (If yes, attach copy of the program and a summary of the current data, preferably a graph)

2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

68. If there is currently no behavior deceleration program to deal with this behavior please describe what you do most often when the behavior occurs. Comment below.

1st Review:

2nd Review:

3rd Review:

4th Review:

69. How many staff are required to deal with this behavior when it occurs?

1 = One person can handle all situations

2 = One person can handle most situations, but an extra person may occasionally be necessary

3 = Two people are often necessary

4 = Two or more people are always necessary

1 st Review	2 nd Review	3 rd Review	4 th Review

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ADDITIONAL COMMENTS ON "PROBLEM BEHAVIOR REVIEW" SECTION:
(Indicate which behavior you are commenting on.)

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PART 3: MEDICAL NEEDS SUMMARY

Directions: Part 3 should be completed by a nurse coordinator, if possible. The information gathered from the following medical needs summary will be used to identify the medical services which must be provided in the setting in which these individuals are placed. Please supply all the information requested. If you feel unsure about some of the questions, your family physician may be able to provide some assistance in completing the form.

MEDICAL DIAGNOSIS:

1st Review:

2nd Review:

3rd Review:

4th Review:

NURSING NEEDS:

1. Describe the current nursing services the individual is receiving.

● Services by Nurse:

1st Review:

2nd Review:

3rd Review:

4th Review:

1st Review:

2nd Review:

3rd Review:

4th Review:

Review

[illegible]

5 = Other: (specify) _____

1 st Review	2 nd Review	3 rd Review	4 th Review

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1 st Review	2 nd Review	3 rd Review	4 th Review

4. Special Diets:
(Check if client is on a special diet. If checked, please comment)

1st Review:

2nd Review:

3rd Review:

4th Review:

1 st Review	2 nd Review	3 rd Review	4 th Review

5. Are restraints used?
(Check if restraints are used. If checked, please comment)

1st Review:

2nd Review:

3rd Review:

4th Review:

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HEARING/VISION

6. Which of the statements below best describe this individual's hearing?

- 1 = No hearing loss
2 = Suspected hearing impairment
3 = Apparent severe hearing loss

1 st Review	2 nd Review	3 rd Review	4 th Review

7. If hearing loss is apparent, is it corrected with a hearing aid?

- 1 = Yes
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

8. Which of the statements below best describe the individual's vision?

- 1 = Normal vision
2 = Suspected visual impairment
3 = Apparent severe visual impairment

1 st Review	2 nd Review	3 rd Review	4 th Review

9. If vision loss is apparent, is it corrected with glasses?

- 1 = Yes
2 = No

1 st Review	2 nd Review	3 rd Review	4 th Review

SEIZURES

10. Indicate the type of epileptic seizure this individual has

- 1 = Is not epileptic
2 = Grand Mal
3 = Petit Mal
4 = Psychomotor

1 st Review	2 nd Review	3 rd Review	4 th Review

11. How often does the seizure occur (frequency)?

- 1 = Is not epileptic
2 = No seizures in past year
3 = 1 to 6 per year
4 = 7 to 11 per year
5 = 1 per month
6 = 1 per week
7 = 1 per day
8 = More than 1 seizure per day

1 st Review	2 nd Review	3 rd Review	4 th Review

SPECIAL AIDS OR EQUIPMENT USED

12. Does the individual use/need special aids or equipment?
(Check if applicable. If checked, complete question 13)

1 st Review	2 nd Review	3 rd Review	4 th Review

1 = Yes

2 = Required but unavailable

3 = Available but individual will not use

[illegible]

- Walker
- Cane
- Crutches
- Brace/ Splint
- Glasses
- Dentures
- Hearing Aid
- Special Bed
- Belly Board
- Special Chair
- Feeding Tube
- Catheter (Bladder)
- Electric Wheelchair
- Manual Wheelchair

[illegible]

Ileostomy Equipment
 Colostomy Equipment
 Gastrostomy Equipment
 Orthopedic Shoes
 Artificial Limbs
 Head Protective Device
 Positioning Equipment
 Communication Aid
 Special Eating Utensils
 Other Adaptive Equipment
 Other (specify): _____
 Other (specify): _____
 Other (specify): _____
 Other (specify): _____

14. How often has this person been hospitalized in the past year? (Indicate why, use attachments if needed)

1 st Review:	_____	times for _____
2 nd Review:	_____	times for _____
3 rd Review:	_____	times for _____
4 th Review:	_____	times for _____

Specialty

Frequency of Use Per Year

Ophthalmology	1 st .	2 nd .	3 rd .	4 th .
Orthopedics	1 st .	2 nd .	3 rd .	4 th .
Urology	1 st .	2 nd .	3 rd .	4 th .
Radiology	1 st .	2 nd .	3 rd .	4 th .
Gastroenterology	1 st .	2 nd .	3 rd .	4 th .
Pathology	1 st .	2 nd .	3 rd .	4 th .
ENT	1 st .	2 nd .	3 rd .	4 th .
Cardiology	1 st .	2 nd .	3 rd .	4 th .
Other:	1 st .	2 nd .	3 rd .	4 th .
Other:	1 st .	2 nd .	3 rd .	4 th .
Other:	1 st .	2 nd .	3 rd .	4 th .

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1 st Review	2 nd Review	3 rd Review	4 th Review

16. Does this individual have the need for immediate life support?
(Check if applicable. If checked, please comment)

1st Review:

2nd Review:

3rd Review:

4th Review:

OTHER:

17. List any other special medical considerations for placement:

1st Review:

2nd Review:

3rd Review:

4th Review:
